Prime Time Recruitment Limited

Cordant Care – Stratford

Inspection report

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Ratings

Overall rating for this service	**Good**
Is the service safe?	**Good**
Is the service effective?	**Requires Improvement**
Is the service caring?	**Good**
Is the service responsive?	**Good**
Is the service well-led?	**Good**

Overall summary

This inspection took place on 11 December 2014 and was announced. The provider was given 48 hours' notice because the location provides a domiciliary care service and we needed to be sure that someone would be in. The service was last inspected on 12 December 2013 and was found to be meeting all the regulations we checked at that time.

The service provides support with personal care to adults and children living in their own homes. Sixty six people were using the service at the time of our inspection. The service had a registered manager in place. A registered manager is a person who has registered with the Care Quality Commission 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 told us they felt safe. Safeguarding procedures were in place and staff knew how to respond to allegations of abuse. Risk assessments were in place which provided information about how to reduce the risks people faced, including risks associated with

Summary of findings

behaviours that challenged the service. There were enough staff to meet people's assessed needs and robust staff recruitment procedures were in place. Medicines were administered in a safe way.

Although staff undertook regular training and were provided with supervision from senior staff they did not always have an annual appraisal of their performance and development needs. **We recommend that** all care staff receive an annual appraisal of their performance and development needs to help support them to develop their knowledge, skills and understanding.

People told us they were able to make choices about their care and staff sought consent from people before providing personal care. People were supported to eat and drink in a safe manner. The service worked with other care providers to help meet people's needs.

People told us they were treated with dignity and respect. The service sought to meet people's needs in relation to equality and diversity issues.

The service carried out assessments of people's needs to determine if they could be met before they commenced providing care. Care plans were in place which set out people's support needs and staff had a good understanding of the needs of the people they worked with. People told us care was provided in a personalised manner. There were effective systems in place for dealing with complaints.

There was a clear management structure in place and staff told us that senior staff were approachable and helpful. The service had various quality assurance and monitoring systems in place. Some of these included seeking the views of people that used the service.

Summary of findings

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. People told us they felt safe and appropriate safeguarding and whistleblowing procedures were in place. Staff knew how to respond to allegations of abuse.

Risk assessments were in place which included information about how to manage and reduce risks. Staff had a good understanding of how to support people whose behaviour challenged the service.

There were enough staff working at the service to keep people safe and the provider had robust staff recruitment procedures in place.

Staff supported people to take medicines in a safe manner.

Is the service effective?

Requires Improvement

The service was not always effective. Staff did not have an annual appraisal of their performance and development needs.

Staff had access to supervision and received regular training.

People were supported to make choices about their care and were able to give consent to care.

People were able to make choices about what they ate and were supported to eat and drink in a safe manner.

The service worked with other care providers to help meet people's health care needs.

Is the service caring?

Good

The service was caring. People told us staff treated them with kindness and respect.

Staff were aware of how to promote people's privacy and independence. The service sought to match staff with people who understood their needs to help meet their needs relating to equality and diversity issues.

Is the service responsive?

Good

The service was responsive. People told us staff provided care and support that met their needs. People's needs were assessed before the provision of care began to ensure the service was able to meet their needs.

Care plans were in place which were personalised to meet the needs of individuals. People were involved in planning their own care. Staff had a good understanding of the needs of people they supported.

People knew how to make a complaint and complaints were responded to and resolved appropriately.

Summary of findings

Is the service well-led?

Good

The service was well-led. There was a registered manager in place and clear lines of accountability. Staff told us they found senior staff to be approachable and accessible.

Various quality assurance and monitoring systems were in place, some of which included seeking the views of people that used the service.

Cordant Care – Stratford

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 was planned to check 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.

The inspection team consisted of two inspectors and an expert by experience. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Before we carried out this inspection we reviewed the information we held about the service. This included the provider completing a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We reviewed past inspection reports, notifications, safeguarding concerns and details of the services registration.

We spent a day at the services office location and a day visiting people in their homes. During the course of the inspection we visited four people and spoke with them in their homes. We also spoke with 13 relatives of people that used the service by telephone and one relative in person. We observed how staff interacted with people. We spoke with ten staff. This included the registered manager, the senior care coordinator, one of the trainers and seven care workers. We examined various records. This included the records of nine people that used the service, including risk assessments, care plans and medicines records. We looked at five staff files and checked training and supervisions records and recruitment checks. We looked at various policies and procedures including safeguarding, whistleblowing and complaints procedure. We spoke with a community matron and an independent advocate that worked with the service.

Good

Is the service safe?

Our findings

People told us they felt safe using the service. One person when asked if they feel safe using the service, told us, "I do (feel safe), they are one of the families. They can't do enough." We observed staff supporting a person using a hoist and this was done safely without causing any distress to the person. However, one person told us, "They know how to use the hoist but some could at least have more training. Some come in and haven't used a hoist in a long time and I have to tell them what to do."

The provider had a safeguarding adults procedure in place. This made clear their responsibility for reporting any allegations of abuse to the local authority, but did not mention their duty to notify the Care Quality Commission (CQC) of allegations of abuse. We discussed this with the registered manager who sent us a revised copy of the procedure a week after our inspection which included all relevant information. CQC had been notified of safeguarding allegations since the previous inspection. We found safeguarding allegations had all been referred to the local authority which meant the service dealt with them appropriately.

Staff had a good understanding of safeguarding issues. They were aware of their responsibility for reporting any allegations of abuse and were knowledgeable about the different types of abuse. Records showed staff had annual training about safeguarding adults and staff confirmed this. Staff were also aware of issues relating to whistleblowing. The provider had a whistleblowing procedure but this did not include information about staff's right to whistle blow to outside organisations. We discussed this with the registered manager who sent us a revised version of the procedure which included relevant information a week after our inspection.

The provider had systems in place to help reduce the risk of financial abuse occurring. Where staff spent money on behalf of people as part of their care package we saw receipts were obtained for the person and records were kept of what was spent and bought. We saw these records were periodically checked by senior staff. However, we found for one person staff spent their own money to buy things for them, which the person then reimbursed. The registered manager told us that was not good practice and would address the issue with relevant staff.

Risk assessments were in place which included information about how to manage and reduce the risks faced by individuals. Risk assessments covered the physical environment, medicines, moving and handling and behaviours that challenged the service. Staff had a good understanding of how to work with people who exhibited behaviours that challenged the service and said they found the risk assessments provided helpful information. For example, one member of staff told us the risk assessment for a child had information about helping them to become calm with the use of a favourite toy. Copies of risk assessments were kept at people's home so staff were able to access them as required.

People said there were enough staff to meet their needs. One person said, "Yes, definitely there are enough staff." Another person told us, "There is always a stand in [staff member] if they have to go somewhere they will put someone else in." The registered manager told us that whoever commissioned the care package decided what level of support was needed. They said if the person's needs changed they would seek to get extra care as required. We checked staff records and found robust recruitment procedures were in place. These included carrying out criminal record checks and obtaining references from previous employers.

People said they got appropriate support with taking medicines. One person told us, "They [staff] give them at the exact time." We saw each person had a medicines risk assessment in place which detailed the level of support they needed with taking medicines. Where people agreed, the provider used a single pharmacist who provided printed medicines administration record (MAR) charts and medicines in bubble packs. This made it easier for staff to administer medicines correctly and reduced the risk of errors occurring. Staff signed the MAR charts when they administered medicines and records showed completed MAR charts were checked by senior staff. We examined MAR charts in people's homes and found these to be accurately completed and up to date. Staff told us they undertook training about the safe administration of medicines and records confirmed this.

Requires Improvement

Is the service effective?

Our findings

Most people and their relatives told us staff knew their needs and how to provide support to them.

In the Provider Information Return the service identified that staff had not received annual appraisals. We discussed this with the registered manager who told us it was a priority for them to address this issue. We found that only one of the five staff we checked had an appraisal of their performance and development needs in the past twelve months. The registered manager said all staff were supposed to have these annually.

Staff received regular supervision and told us they found this helpful. Records confirmed supervisions took place and included discussions about training needs and issues relating to people staff supported. Staff also told us they were able to discuss informally any issues they had with senior staff as required.

The trainer told us that all care staff undertook core mandatory training which was updated annually. This included moving and handling, safeguarding vulnerable adults and infection control. We noted that on the day of our inspection a staff training event was taking place training newly recruited staff about first aid and infection control. The trainer told us that in addition to the mandatory training staff undertook specialist training which was based upon the needs of the individuals they worked with. For instance staff that worked with people with dementia undertook training about this and staff that supported people to use breathing apparatus had training about that. Staff told us they were happy with the training they received and were able to request training. One staff member told us they had requested an advanced first aid training which was arranged.

People told us they were involved in planning and choosing their care and were able to make decisions for themselves. One person replied, “yes of course” when asked if they were able to make decisions about their care. Another person said, “They always ask for my permission [before providing any care].” A relative told us, “I am involved in decisions.”

Staff told us they supported people to make choices. One staff member said, “I always ask him what he wants.” Another staff member told us, “They tell me what they want.” They said where people had limited verbal communication they helped them make choices by showing them different options to choose between such as different sets of clothes. They said, “One person nods at the ones they want, another person smiles when I show them something they like.” The same staff member told us, “It can be very helpful to talk to families to find out about people and how they want to be supported.” People signed forms to give consent to staff to carry out the tasks outlined in their care plans.

People told us where staff supported them with meals they were able to choose what they ate. The care plan for one person said they wanted staff that were able to cook meals from their cultural background and the registered manager told us this was arranged. A member of staff told us, “It’s always important to ask a person what they would like to eat.”

People were supported to eat safely. For example, we observed a staff member supporting a person to eat and the support was provided in line with guidance from the Speech and Language Therapy team. The service supported people with percutaneous endoscopic gastrostomy (PEG) feeding. This is where people receive nutrition and hydration directly into their stomachs with the use of tubes. We saw that staff had received training about this before they were able to provide support. A member of staff told us they were supervised whilst providing support with PEG feeding until they had been assessed as competent in that area of care. Care plans included information about how to provide support with PEG feeding.

People told us the service supported them with their healthcare needs. One person said, “I tell the care worker I want to see the doctor and they arrange it all.” A relative said, “They go with me to the GP, if there are any rashes or marks they inform me.”

The registered manager told us the service worked closely with other care providers. For example, staff reported that one person was having problems with their mobility so a referral was made to physiotherapy team who drew up an exercise program which staff provided support with. The service also contacted the local authority to liaise with occupational therapy team to get a ramp fitted in a person’s home to provide them with better access. We saw records which confirmed this.

Requires Improvement

Is the service effective?

We recommend that all care staff receive an annual appraisal of their performance and development needs to help support them to develop their knowledge, skills and understanding.

Good

Is the service caring?

Our findings

People told us staff treated with dignity and respect. One person said of their carer workers, “We talk to one another like good relations.” Another person told us their privacy was respected, saying, “They don’t pry into my business.” A relative replied when asked if their relative was treated with kindness by staff, “Yes, definitely they call my mum a name which means aunty in my culture. These ones are the best ones”

The registered manager said they tried to provide people with the same regular carer workers so they could get to know their needs and build up trusting relationships. Staff told us they did usually work with the same people. When a staff member was unable to work the service arranged to send a replacement that had worked with the person before. The registered manager told us that the on-call manager had information to hand about which staff had worked with which people so they were able to arrange appropriate staff cover at short notice. People confirmed that they usually had the same regular carers. They told us if there was a change of carer for any reason they were notified in advance about that.

People told us they were involved in planning their care. They said staff asked them about what and how they needed support with. Relatives also said they were involved in planning care. Care plans contained information about people’s likes and dislikes, such as their favoured television programs. This helped the service to provide holistic care based upon what the person wanted rather than simply performing care tasks for people.

People had an initial assessment of their needs prior to the provision of care. This did not include details about if the person had any preference regarding the gender of their carer. The senior care coordinator who carried out many of the assessments told us that this was always asked, even though it was not recorded. The registered manager told us that people were able to express a preference for the gender of their care worker. Most people we spoke with said they had been asked about this. However, one person said, “I want a male carer so that I can go clubbing or to the pub.” They said they had raised this issue with the service who had told him they were trying to recruit an appropriate male support staff.

The registered manager said they sought to meet people’s diverse needs by matching them with staff that understood their cultural, ethnic and religious needs. For example, one person requested a care worker of the same faith as them so they could support them to go to a place of worship. Other people were provided with staff who shared their same first language. Staff told us they never had to work with a person who spoke a different language to them.

Staff told us how they promoted people’s choice, independence and privacy. They made sure doors and curtains were closed when providing personal care and one staff member said, “You always tell them what you are going to do.” The same staff member told us sometimes a person did not want the personal care that was in their care plan and they respected their decision. The staff member said, “If that happens I sit and have a cup of tea with them, trying to build up their confidence in me.”

Good

Is the service responsive?

Our findings

People told us they were happy with the care and support provided. A relative said, "We are both happy and content with our current carer, she is a big help, keeps good time, is totally honest and has the right skills. I never feel anxious about leaving my relative. She is polite and feels like a member of our family." Another relative told us, "They are kind and confident with my relative and take instructions from me willingly. The care plan, which I created with the social worker is carried out every day." A person that used the service said, "I have person centred care." People told us that carers were usually punctual and they stayed for the full amount of time they were supposed to. A relative told us, "They don't watch the clock."

A senior member of staff met with potential clients to carry out an assessment of their needs. This was to determine if the service would be able to meet that person's needs. Records confirmed these assessments took place and included speaking with the person and their relatives where appropriate. The service also considered information from previous care providers as part of the overall assessment in order to get the fullest picture of the person and their needs as possible. The registered manager said that on occasions they had turned down a prospective client because they were not able to meet their needs. For example, they had a request to provide support to someone who only spoke Greek but the service who no staff that spoke that language.

Care plans were then developed from the initial assessment. The registered manager told us that care plans were reviewed after the first six months and then on an annual basis or more frequently if required. This was to check if a person's needs had changed so that the service was able to be responsive to those changes. Records confirmed the reviews took place which included the person.

Care plans we examined included information about how to meet the individual needs of each person in a personalised ay. For example, one care plan said, "Due to medical condition all activities have to be conducted at a slower pace and allow rest in between activities." This showed the care plans were based upon what was best for the person. Care plans included a section "My chosen outcomes" which detailed what the person wanted to achieve through using the service rather than simply focussing on the tasks to be performed by staff.

Staff had a good understanding of the needs of the people they supported. They told us because they worked closely with the same regular people they were able to build up good relationships with them and got to know their support needs. Staff said before they worked with a person for the first time they were expected to read their care plan. One member of staff said, "You must read the care plan to know what you are doing." Staff said copies of care plans were kept at people's homes so they were able to refer to them as necessary. People confirmed this was the case and we saw copies of care plans in people's homes.

The service had a complaints procedure in place. This included timescales for responding to complaints received. However, the procedure provided information for the provider about how they should deal with complaints, but it did not include information for people that used the service about how to make a complaint. We discussed this with the registered manager who said they would see that the procedure was amended. However, people were provided with information about how to make a complaint in the service user guide. This included details of whom they could complain to if they were not satisfied with the response from the service. People told us they knew how to make a complaint. One person said, "I would call and tell them if anything was wrong." A relative told us they made a complaint which was dealt with to their satisfaction. They said, "I stopped some carers coming because they used to do nothing, they took advantage. They didn't send them back. Now I have a good team."

The Provider Information Return submitted by the service prior to our inspection stated the service had received 44 complaints in the past year. The registered manager told us many of these were low level, for example, about staff punctuality. They told us it was a high amount of complaints because they actively encouraged people to raise any concerns they had. We looked at the records relating to ten complaints and found these had all been responded to appropriately and resolved to the satisfaction of the person that made the complaint. For example, one person complained about a lack of staff knowledge and we saw the staff member was provided with training to gain the relevant knowledge.

Good

Is the service well-led?

Our findings

The service had a registered manager in place and a clear management structure. Staff understood the lines of accountability and who their immediate line manager was. The registered manager line managed a senior care coordinator who in turn managed two other care coordinators. These three staff managed the rest of the care staff. The registered manager also managed administrative support staff.

Care staff told us that senior staff were both accessible and approachable. One staff member said of the management, "They are very helpful and approachable, you can express your feelings and they will take things up. If you raise concerns they will immediately sort out the issue." Another staff member said, "The manager is always available to talk to. Her door is always open. You can talk to the manager about anything." The service had a 24 hour on-call system which meant there was always a senior member of staff available to talk to if required. Care staff said the on-call system was reliable. One staff member told us the on-call system was "Very reliable, they pick up straight away."

The service had various quality assurance and monitoring systems in place. Regular staff meetings were held with staff that worked with the same clients so they were able to share ideas and discuss good practice when working with a particular person. Staff told us the management routinely asked them for their views about the service and any concerns they had.

The care coordinators carried out spot checks at people's homes. This was to carry out a check on the care staff. The check included their punctuality, dress and appearance, record keeping and how they worked with the person. We saw records that confirmed these spot checks took place. The senior care coordinator told us spot checks were often chosen randomly, but that if they had cause for concern about a staff member they would do a spot check on them.

People told us the service sought their views. One person said they did not like filling in the surveys they service sent but added, "I feedback to them over the phone." A relative told us that senior staff visited her to ask how things were going and if they wanted to make any changes. The registered manager said the service issued an annual survey to people and their relatives to gain their views. We saw the most recent survey was completed in April 2014. This contained mostly positive feedback. Completed surveys included the comments, "Good service, you listen to us." "I know that if I need more help it will be given" and "You provide good care workers." We saw where people had raised issues of concern these had been addressed. For example, one person commented that the agency did not phone to let them know if a care worker was going to be late. The service looked into this and it found that they had an out of date telephone number for the person and the matter was addressed successfully.

An annual audit of the service was carried out by a senior manager within the organisation that did not work at the location. The last audit was carried out in July 2014. This identified shortfalls in the service. For example, it found that not everyone had a medicines risk assessment in place and this issue had subsequently been addressed by the time of our inspection. The audit also identified that staff annual appraisals were not up to date which the registered manager acknowledged was an area in need of improvement for the service. We noted that the audit did not include seeking the views of people that used the service. We discussed this with the registered manager who said they would explore the possibility of this for the next audit.